

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL103028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/28/2023
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHAB HOSPITAL OF SUNRIS	STREET ADDRESS, CITY, STATE, ZIP CODE 4399 NOB HILL RD SUNRISE, FL 33351
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 000	<p>INITIAL COMMENTS</p> <p>An unannounced licensure complaint survey, complaints # 2023010747, # 2023011356 and # 2023012971 was conducted on at Encompass Health Rehabilitation Hospital of Sunrise. The facility had deficiencies related to Complaint #2023012971 at the time of the survey .</p>	H 000		
H 020	<p>59A-3.254(1)(c-d) FAC PATIENT RIGHTS & CARE - Reassessment</p> <p>(c) The hospital shall have policies and procedures to ensure that periodic reassessments of the patient are conducted based on changes in either the patient's condition, diagnosis, or response to treatment;</p> <p>(d) The hospital shall ensure that care and treatment decisions are based on the patient's identified needs and treatment priorities;</p> <p>This Statute or Rule is not met as evidenced by: This Statute or Rule is not met as evidence by: Based on observation, interviews and record review the facility failed to ensure that periodic reassessments of the patient are conducted based on changes in either the patient's condition, diagnosis, or response to treatment. This affected 1 of 3 patients reviewed. (Patient #2)</p> <p>The findings included: On at 9:30 AM a record review was conducted with the Chief Nursing Officer and Quality Management Director regarding Nursing and Physician assessments of a change in condition for Patient #2 resulting in an 911 emergent transfer to an Acute Care Hospital.</p>	H 020		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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H 020	Continued From page 1 Facility failed to implement a prompt assessment and document results just prior to 911 transfer. The facility was unable to provide documentation a Alert protocol was implemented , assessed and communicated with the attending physician until just prior to transfer. Facility unable to provide a physician assessment specific to change in condition (potential .) prior to transfer. Facility failed to provide documentation regarding conversations with family regarding concerns with Patient #2's change in condition and interventions initiated in response to the concerns identified.	H 020		
H 206	59A-3.271(3), FAC QUALITY IMPROVEMENT - Data Assessment Process (3) Each hospital shall have a process to assess data collected to determine: (a) The level and performance of existing activities and procedures, (b) Priorities for improvement, and, (c) Actions to improve performance. This Statute or Rule is not met as evidenced by: This Statute or Rule is not met as evidenced by interview and record review of facility policy, the facility failed to ensure a process to assess data collected to determine the level and performance of existing activities and procedures, priorities for improvement and actions to improve performance was implemented for 1 of 1 patient reviewed for grievances (Patient #2) The findings included:	H 206		

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H 206	Continued From page 2 On an interview with Quality Management and record review of a grievance filed by the husband regarding #2 was conducted The grievance pertaining to the family complaint of lack of response by nursing staff to assess Patient #2's change in medical condition was incomplete. The facility failed to follow up with nursing leadership, nursing staff and provide education/training or action plan to improve performance. Facility failed to follow up with the family regarding outcome of the facility review of the grievance.	H 206		